

NEW AND RENEWAL- NON CDL DATA FORM

COMPLETE INFORMATION BELOW – PLEASE PRINT

					Date of Birth			Social Security Number				
					Month	Day	Year					
LAST NAME				FIRST NAME				MIDDLE INITIAL		SUFFIX (JR, SR, 1ST, 2ND, 3RD)		
CURRENT RESIDENTIAL ADDRESS REQUIRED (Street address or Route <u>and</u> P.O. Box)						CITY			STATE		ZIP CODE	
CURRENT MAILING ADDRESS (If different from residential address)						CITY			STATE		ZIP CODE	
COUNTY NUMBER	GENDER	HEIGHT		WEIGHT	EYE COLOR	HAIR COLOR	RACE					
		FT.	IN.				BLACK	AMERICAN INDIAN	OTHER	WHITE	ASIAN OR PACIFIC ISL	HISPANIC
	<input type="checkbox"/> M <input type="checkbox"/> F							<input type="checkbox"/> BLACK <input type="checkbox"/> WHITE	<input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN OR PACIFIC ISL	<input type="checkbox"/> OTHER <input type="checkbox"/> HISPANIC		

For the purposes of complying with Neb. Rev. Stat. 4-108 through 4-114, I attest:

I am a citizen of the United States..... __Yes __No

OR

I am a qualified alien under the federal Immigration and Nationality Act and agree to provide a copy of my USCIS documentation upon request..... __Yes __No

Please answer the following motor voter/organ and tissue donation questions.

1. Do you wish to register to vote as part of this application process? *(You only need to re-register if you have changed your name, address or political party.)* __Yes __No
- (Optional – You are not required to answer questions #2-#4)*
2. Do you wish to be an organ and tissue donor?..... __Yes __No
3. Do you wish to receive any additional specific information regarding organ and tissue donation? __Yes __No
4. Do you wish to donate \$1 to promote the Organ and Tissue Donor Awareness and Education Fund?..... __Yes __No

Please answer the following medical questions if you are applying for a permit, Class O (Car) license or Class M (Motorcycle) license or endorsement. DO NOT answer if you are applying for a State ID Card.

5. Have you within the last three months *(e.g. due to diabetes, epilepsy, mental illness, head injury, stroke, heart condition, neurological disease, etc.)*:
 - A. lost voluntary control or consciousness (date: _____)..... __Yes __No
 - B. experienced vertigo or multiple episodes of dizziness or fainting __Yes __No
 - C. disorientation __Yes __No
 - D. seizures (date: _____)..... __Yes __No
 - E. impairment of memory, memory loss..... __Yes __No
6. Do you experience any condition which affects your ability to operate a motor vehicle due to loss or impairment of:
 - A. foot/leg..... __Yes __No
 - B. upper body strength __Yes __No
 - C. range of motion/mobility __Yes __No
 - D. hand/arm..... __Yes __No
 - E. neurological/neuromuscular disease..... __Yes __No
7. Since the issuance of your last license/permit, has your health or medical condition worsened?..... __Yes __No

Please answer the following questions if you are applying for a school learner's permit or a school permit:

- How far do you live from school? (_____)
- Is your home or the school you attend in a city of 5,000 or less? __Yes __No